

GUARDIANSHIP/ CONSERVATORSHIP

1

To Discharge Guardianship/ Conservatorship and Release Restricted Funds (Minor Only) (Forms Packet)

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PBGCD1fc - 5232



SELF SERVICE CENTER

GUARDIANSHIP AND CONSERVATORSHIP

**TO DISCHARGE CONSERVATOR
AND RELEASE RESTRICTED FUNDS
MINOR ONLY**

Either or both parties live in Arizona

How to assemble these documents

This packet contains court forms to get a court order to discharge a guardianship and/or conservatorship for a minor and release funds when both parties live in Arizona. Be sure the documents are in the following order:

Order	File Number	Title	No. Pp.
1	PBGCD1ft	Table of forms in this packet	1
2	PBGCD1k	Checklist to discharge conservator and release funds	1
3	PBGCD11f	<i>"Petition for Termination"</i>	2
4	PBGCD12f	<i>"Request for Hearing--Minor (in state)"</i>	1
5	PBGC18f	<i>"Notice of Hearing"</i>	1
6	PBGC19f	<i>"Waiver of Notice of Hearing"</i>	1
7	PBGC29f	<i>"Proof of Notice of Hearing"</i>	2
8	PBGCD81f	<i>"Order Terminating Guardianship/ Conservatorship and Release of Restricted Funds (Minor)"</i>	2
9	PBGCD91f	<i>"Receipt of Restricted Funds"</i>	1

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SELF-SERVICE CENTER

DISCHARGE FROM APPOINTMENT AS GUARDIAN AND/OR CONSERVATOR FOR MINOR AND RELEASE OF FUNDS

CHECKLIST

Use the forms and instructions in this packet only if the following factors apply to your situation:

- ✓ You have been appointed guardian and/or conservator for a minor, AND
- ✓ The minor reached age 18 or there is another good reason to stop the guardianship and/or conservatorship, AND
- ✓ You want to be discharged as guardian and/or conservator, AND/OR
- ✓ You want a court order to release restricted funds to the minor.

READ ME: It is very important for you to know that when you sign a court document, you may be helping or hurting your court case. Before you sign any court document, or get involved with a court case, it is important that you see a lawyer to make sure you are doing the right thing. The Self-Service Center has a list of lawyers who can give you legal advice and can help you on a task-by-task basis for a fee. If you want to know more about our list of lawyers and our list of mediators, ask the Self-Service Center staff.

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
 The Guardianship ☐ Conservatorship ☐ of

Case Number: PB _____

PETITION FOR TERMINATION OF

(check all that apply)

- ☐ GUARDIANSHIP OF A MINOR
☐ CONSERVATORSHIP OF A MINOR
☐ RELEASE OF RESTRICTED FUNDS

_____ A Minor

1. **INFORMATION ABOUT MY APPOINTMENT:** I was appointed and accepted the following appointment (check one box):

- ☐ Guardian and Conservator on _____ (date); OR
☐ Guardian _____ (date); OR
☐ Conservator _____ (date).

My address is: _____

2. **INFORMATION ABOUT THE MINOR:** The person for whom I am Guardian and/or Conservator is: _____ Date of Birth ____/____/____.

(Name of Minor)

One of the following documents is attached to this Petition as proof of the minor's age:

- ☐ A copy of the minor's birth certificate; or
☐ A copy of the minor's drivers license.

3. **REASON FOR TERMINATION OF THE GUARDIANSHIP AND/OR CONSERVATORSHIP:** (check one box)

- ☐ The need for the Guardianship and/or Conservatorship has terminated because the minor reached the age of 18, on _____ (date). OR
☐ The need for the Guardianship and/or Conservatorship has terminated because the rights of the parents are no longer terminated or suspended by circumstances, or by parental consent or by prior court order because (explain): _____

☐ The need for the Guardianship and/or Conservatorship has terminated because the minor has died. The date of death was _____ (Attach copy of death certificate)

Complete the information for number 4, 5, and 6 for conservatorships only.

4. **REASON FOR RELEASE OF FUNDS:** Information about the current restricted account:

- A. Amount now in restricted account: \$ _____
 B. Account number # _____
 C. Name and address of financial institution: _____

- 5. STATEMENT ABOUT RESTRICTED FUNDS:** (check one box) ☐ I HAVE NOT MADE or ☐ I HAVE MADE previous withdrawals from this or any other restricted account without a written order of this Court, as follows (explain carefully; give details about amount, date, reason): _____

- 6. REQUEST ABOUT RESTRICTED FUNDS:** (check one box)
- ☐ I ask that the minor's restricted funds be released to the minor in this matter because he or she is now an adult entitled to control the funds currently held for his or her benefit by the Conservator.
- ☐ I ask that the minor's restricted funds be released to the minor's estate because the minor has died.

THEREFORE, I ask the court to enter an order:

- A.** ☐ **FOR GUARDIANSHIP:** Terminating the Guardianship and discharging me as Guardian.
- B.** ☐ **FOR CONSERVATORSHIP:**
1. Terminating the Conservatorship;
 2. Directing the release of funds to the former minor as requested in the Petition;
 3. Requiring proof that the funds have been released to the former minor or his or her estate within 30 days after entry of an order; and,
 4. Discharging me as Conservator.

OATH AND VERIFICATION OF PETITIONER:

STATE OF ARIZONA)
MARICOPA COUNTY) ss.

I, being duly sworn and under oath, state that I have read this Petition. All the statements in the Petition are true and correct and complete to the best of my knowledge and belief.

SIGNATURE OF PETITIONER: _____

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires: _____

NOTARY PUBLIC: _____

SIGNATURE OF MINOR: _____

Subscribed and sworn to before me this date: _____ by _____

My Commission Expires: _____

NOTARY PUBLIC: _____

Petitioner's Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone No: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

Case No. PB _____

**REQUEST FOR HEARING DATE AND INSTRUCTIONS
 FOR PETITION FOR TERMINATION OF GUARDIANSHIP OF A MINOR
 AND/OR CONSERVATORSHIP OF A MINOR AND RELEASE OF RESTRICTED FUNDS**

- 1. Court Documents:** After you file the Petition with the Clerk's Office, take the following documents to Probate Court Administration at any of the addresses listed below:

- a. Two court-stamped copies of the Petition for Termination and Discharge, AND
- b. Two completed copies of this Request form

DOWNTOWN PHOENIX:
 Probate Court Administration
 Old Courthouse, 1st Floor
 125 West Washington
 Phoenix, AZ 85003-2205

NORTHEAST FACILITY:
 Probate Court Administration
 18380 N. 40th St.
 Phoenix, AZ 85032

NORTHWEST FACILITY:
 Probate Court Administration
 14264 West Tierra Buena Lane
 Surprise, Arizona 85374

SOUTHEAST FACILITY:
 Probate Court Administration
 222 East Javelina Drive
 2nd Floor, Suite 2100
 Mesa, AZ 85210-6201

- 2. Scheduling your hearing:** Probate Court Administration will set a hearing date and time and write it on the line below, and will check the box of the Judicial Officer assigned to hear this case.

HEARING DATE AND TIME: _____, at _____ am. / pm.

HEARING ADDRESS: _____

JUDGE/COMMISSIONER NAME: _____

- 3. Completing your Notice of Hearing Form:** After Probate Court Administration returns this form to you with the hearing date, you can complete your Notice of Hearing form by adding the date and the name of the commissioner who will hear the case. Then you are ready to serve or give notice of the Petition and all the required papers to all the required persons.

Name of Person Filing Document: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) or
☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

☐ an Adult ☐ a Minor

Case Number: PB _____

NOTICE OF HEARING REGARDING

(Check one box)

- ☐ Guardianship
☐ Conservatorship
☐ Guardianship and Conservatorship
☐ Accounting

READ THIS NOTICE CAREFULLY. An important court proceeding that affects your rights has been scheduled. If you do not understand this Notice or the other court papers, contact an attorney for legal advice.

- 1. NOTICE IS GIVEN** that the Petitioner has filed with the Court the following Petition and other court papers (List the title of the Petition and the titles of all papers you filed with the court):

1. _____
2. _____
3. _____
4. _____
5. _____

- 2. COURT HEARING.** A court hearing has been scheduled to consider the Petition and matters in the court papers as follows:

DATE AND TIME: _____

PLACE: _____

JUDICIAL OFFICER: _____

- 3. RESPONSE TO PETITION.** You can file a written Response to the Petition. If you file a written Response, file the original with the court, provide a copy to the office of the judicial officer named above, and mail a copy to all interested parties at least five (5) business days before the hearing. Or, you can appear in person at the hearing. You must appear at the hearing **only** if you wish to object to the Petition.

DATED: _____
 (Month/Day/Year)

 Petitioner's Signature

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self (Without a Lawyer) OR
☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

_____ ☐ an Adult or ☐ a Minor

STATE OF ARIZONA)
 County of Maricopa) ss.

Case Number: PB _____

WAIVER OF NOTICE OF HEARING ON PETITION REGARDING

(Check one box)

- ☐ Guardianship and Conservatorship
☐ Guardianship
☐ Conservatorship
☐ Accounting

I state under oath the following:

1. **RECEIVED COURT PAPERS.** I have received and read a copy of the following Petition and other court papers: (Check the box next to the documents you received.)

<input type="checkbox"/> <i>"Petition for Permanent Appointment of Guardianship, Conservator or Both"</i> <input type="checkbox"/> <i>"Petition for Guardianship/Conservatorship"</i> <input type="checkbox"/> <i>"Consent of Parent to Guardianship, Conservatorship, or Both"</i>	<input type="checkbox"/> <i>"Affidavit of Person to be Appointed"</i> <input type="checkbox"/> <i>"Petition for Approval of Accounting"</i>
---	--
2. **RELATIONSHIP:** My relationship to the person who is named in the caption above as incapacitated or protected is (explain): _____
3. **WAIVE NOTICE.** I waive all notice of any hearing or court proceeding in connection with this matter. I understand that I can reverse this waiver by filing a written document with the court under this court case number declaring that I no longer waive notice of hearings and other court proceedings.

 Signature

SUBSCRIBED AND SWORN to before me this date: _____ by _____
 (Month/Day/Year)

My Commission Expires: _____

 Deputy Clerk/Notary Public

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

_____ an Adult or _____ a Minor

STATE OF ARIZONA)
 County of Maricopa) ss.

Case Number: PB _____
PROOF OF NOTICE OF HEARING FOR
 (Check one box)
☐ Guardianship and Conservatorship
☐ Guardianship
☐ Conservatorship
☐ Accounting

I state under oath the following:

1. **DOCUMENTS PROVIDED:** I provided copies of the following court documents. List specifically each court document you provided. Be sure you provided and you list the **"NOTICE OF HEARING."**

1. _____
2. _____
3. _____
4. _____
5. _____

2. **TO WHOM I GAVE NOTICE:** These are the people to whom I gave copies of all the documents listed in Number 1 above. State the relationship between the person who has or will have the guardian and/or conservator, and the person you gave the copies to. Be sure to list the ATTORNEY for the person who has or will have the guardian or conservator if the person is an adult. Be sure to list the COURT INVESTIGATOR if this is about a **"Petition to Appoint a Guardian and/or Conservator for an Adult."** (Use extra paper if necessary.)

- A. Name: _____
 B. Relationship to person: _____
 C. Date I gave the documents: _____
 D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
 B. Relationship to person: _____
 C. Date I gave the documents: _____
 D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid

Case No. _____

- ☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (attach green card to this paper)
☐ Hand delivery by (name) _____

- A. Name: _____
B. Relationship to person: _____
C. Date I gave the documents: _____
D. How I gave the documents -- check at least one box and complete the information:
☐ Personal service (File **"Affidavit of Acceptance"** or of process server or sheriff)
☐ 1st class mail, postage prepaid
☐ Certified mail
☐ Registered mail (Attach green card to this paper)
☐ Hand delivery by (name) _____

Petitioner's Signature

SUBSCRIBED AND SWORN to before me this date: _____ by _____
(Month/Day/Year)

My Commission Expires:

Notary Public: _____

Your Name: _____
 Your Address: _____
 Your City, State, Zip Code: _____
 Your Telephone Number: _____
 Attorney's Bar Number (if applicable): _____

Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)
☐ Guardianship ☐ Conservatorship of

☐ a Minor _____

Case Number PB: _____

COURT ORDER TERMINATING (Check all that apply)

- ☐ GUARDIANSHIP OF MINOR
☐ CONSERVATORSHIP OF MINOR AND
☐ RELEASING RESTRICTED FUNDS

THE COURT FINDS:

1. A sworn "**Petition for Termination**" of a ☐ Guardianship and/or ☐ Conservatorship and/or ☐ "**Release of Restricted Funds**" has been presented and reviewed.
2. Notice of the Petition was given as required by law or waived by all interested parties.
3. The Guardianship and/or Conservatorship has ended because:
 - ☐ The minor had reached the age of majority, OR
 - ☐ The rights of the parents to custody and care of the minor are no longer terminated or suspended by circumstances, or by parental consent or by prior court order.
 - ☐ The minor died on _____ (date).
4. **Conservatorships only -- if minor reached age 18.**
 - ☐ The former minor is entitled to custody and control of the restricted funds held for the benefit of the minor by the conservator.

THE COURT ORDERS:

1. ☐ Granting the "**Petition for Termination of the Guardianship**" and discharging the guardian.

Fill out Numbers 2 - 6 only if a Petition Terminating Conservatorship was filed.

2. ☐ Waiving a final accounting by the conservator. **(Only if all funds were restricted and there have been no withdrawals without approval of the Court.)**
3. ☐ Granting the release of funds and authorizing the release of the following funds to the minor:
 Account number: _____
 Approximate amount in account: _____
 Name and address of financial institution: _____

4. ☐ Ordering the Conservator to file with this Court within 30 days of this Order a receipt signed by the former minor acknowledging receipt of all funds .
5. ☐ Granting the ***"Petition for Termination of the Conservatorship"*** and discharging the Conservator from all claims and liabilities upon filing the receipt as ordered.
6. ☐ Setting the matter for internal review by the Court on _____ to determine that this Order has been followed by the Conservator having filed the receipt for release of funds.
7. ☐ Other orders as follows: _____

DONE IN OPEN COURT: _____

JUDGE/COMMISSIONER

Petitioner's Name: _____
 Address: _____
 City, State, Zip Code: _____
 Telephone Number: _____
 Attorney's Bar Number (if applicable): _____
 Representing ☐ Self or ☐ Attorney for _____

SUPERIOR COURT OF ARIZONA MARICOPA COUNTY

In the Matter of (check one or both)

Guardianship Conservatorship of

Case Number PB: _____

A Minor

RECEIPT OF RESTRICTED FUNDS BY A FORMER MINOR

Notice to Conservator: Mail this signed and notarized receipt to Probate Court Administration within 30 days from the date of the Court Order releasing funds. Also mail this form to all parties who have appeared in the case, and to the former minor.

I acknowledge that the funds in my restricted account(s) have been released in accordance with the Order of the Court releasing the funds.

I have received all the funds held in the conservatorship to which I am entitled, as follows:

- A. Amount received: \$ _____
- B. Date received: \$ _____
- C. Name of financial institution that held the funds: _____

Signature of Former Minor

STATE OF ARIZONA)
 COUNTY OF MARICOPA) ss.

The above receipt was signed before me this date: _____ by _____

My Commission Expires:

Notary Public